

*Landscape of Plan  
Options in  
Rhode Island  
2007*

**Medicare**<sub>Rx</sub>  
Prescription Drug Coverage <sub>X</sub>

**Medicare Advantage  
Cost Plans and Demonstrations**

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## Rhode Island 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Bristol	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Bristol	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Bristol	Blue Cross & Blue Shield Of Rhode Island	BlueCHiP for Medicare Standard (H4152-004)	Local HMO *	\$0.00					
Bristol	Blue Cross & Blue Shield Of Rhode Island	BlueCHiP for Medicare Standard with Drugs (H4152-013)	Local HMO	\$14.90	\$14.90	\$0	Basic		•
Bristol	Blue Cross & Blue Shield Of Rhode Island	BlueCHiP for Medicare Plus (H4152-005)	Local HMO	\$89.00	\$22.20	\$0	Enhanced		•
Bristol	Blue Cross & Blue Shield Of Rhode Island	BlueCHiP for Medicare Preferred (H4152-007)	Local HMO	\$172.00	\$40.80	\$0	Enhanced	Generics	•
Bristol	Humana Insurance Company	Humana Gold Choice PFFS H1804-265 (H1804-265)	PFFS	\$89.00	\$13.10	\$265	Basic		
Bristol	Humana Insurance Company	Humana Gold Choice PFFS H1804-263 (H1804-263)	PFFS	\$99.00	\$23.60	\$0	Enhanced		•
Bristol	Humana Insurance Company	Humana Gold Choice PFFS H1804-264 (H1804-264)	PFFS	\$129.00	\$23.60	\$0	Enhanced		•
Bristol	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Bristol	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	\$10.30	\$10.30	\$265	Basic		
Bristol	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Bristol	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Bristol	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Bristol	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Bristol	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Bristol	UnitedHealthcare of New England, Inc.	AARP Medicare Complete (H4102-025)	Local HMO *	\$0.00					
Bristol	UnitedHealthcare of New England, Inc.	AARP Medicare Complete Rx (H4102-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Kent	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Kent	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Kent	Blue Cross & Blue Shield Of Rhode Island	BlueCHiP for Medicare Standard (H4152-004)	Local HMO *	\$0.00					
Kent	Blue Cross & Blue Shield Of Rhode Island	BlueCHiP for Medicare Standard with Drugs (H4152-013)	Local HMO	\$14.90	\$14.90	\$0	Basic		•
Kent	Blue Cross & Blue Shield Of Rhode Island	BlueCHiP for Medicare Plus (H4152-005)	Local HMO	\$89.00	\$22.20	\$0	Enhanced		•
Kent	Blue Cross & Blue Shield Of Rhode Island	BlueCHiP for Medicare Preferred (H4152-007)	Local HMO	\$172.00	\$40.80	\$0	Enhanced	Generics	•
Kent	Humana Insurance Company	Humana Gold Choice PFFS H1804-265 (H1804-265)	PFFS	\$89.00	\$13.10	\$265	Basic		
Kent	Humana Insurance Company	Humana Gold Choice PFFS H1804-263 (H1804-263)	PFFS	\$99.00	\$23.60	\$0	Enhanced		•
Kent	Humana Insurance Company	Humana Gold Choice PFFS H1804-264 (H1804-264)	PFFS	\$129.00	\$23.60	\$0	Enhanced		•
Kent	SecureHorizons	MedicareComplete Choice (H5527-001)	Local PPO	\$27.00	\$0.00	\$0	Enhanced		•
Kent	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Kent	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Kent	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Kent	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Kent	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Kent	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Kent	UnitedHealthcare of New England, Inc.	AARP Medicare Complete (H4102-025)	Local HMO *	\$0.00					
Kent	UnitedHealthcare of New England, Inc.	AARP Medicare Complete Rx (H4102-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Newport	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Newport	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Newport	Blue Cross & Blue Shield Of Rhode Island	BlueCHiP for Medicare Standard (H4152-004)	Local HMO *	\$0.00					
Newport	Blue Cross & Blue Shield Of Rhode Island	BlueCHiP for Medicare Standard with Drugs (H4152-013)	Local HMO	\$14.90	\$14.90	\$0	Basic		•
Newport	Blue Cross & Blue Shield Of Rhode Island	BlueCHiP for Medicare Plus (H4152-005)	Local HMO	\$89.00	\$22.20	\$0	Enhanced		•
Newport	Blue Cross & Blue Shield Of Rhode Island	BlueCHiP for Medicare Preferred (H4152-007)	Local HMO	\$172.00	\$40.80	\$0	Enhanced	Generics	•
Newport	Humana Insurance Company	Humana Gold Choice PFFS H1804-265 (H1804-265)	PFFS	\$89.00	\$13.10	\$265	Basic		
Newport	Humana Insurance Company	Humana Gold Choice PFFS H1804-263 (H1804-263)	PFFS	\$99.00	\$23.60	\$0	Enhanced		•
Newport	Humana Insurance Company	Humana Gold Choice PFFS H1804-264 (H1804-264)	PFFS	\$129.00	\$23.60	\$0	Enhanced		•
Newport	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Newport	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Newport	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Newport	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Newport	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					

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\* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Newport	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Newport	UnitedHealthcare of New England, Inc.	AARP Medicare Complete (H4102-025)	Local HMO *	\$0.00					
Newport	UnitedHealthcare of New England, Inc.	AARP Medicare Complete Rx (H4102-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Providence	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Providence	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Providence	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	\$80.00	\$21.80	\$265	Basic		
Providence	Blue Cross & Blue Shield Of Rhode Island	BlueCHIP for Medicare Standard (H4152-004)	Local HMO *	\$0.00					
Providence	Blue Cross & Blue Shield Of Rhode Island	BlueCHIP for Medicare Standard with Drugs (H4152-013)	Local HMO	\$14.90	\$14.90	\$0	Basic		•
Providence	Blue Cross & Blue Shield Of Rhode Island	BlueCHIP for Medicare Plus (H4152-005)	Local HMO	\$89.00	\$22.20	\$0	Enhanced		•
Providence	Blue Cross & Blue Shield Of Rhode Island	BlueCHIP for Medicare Preferred (H4152-007)	Local HMO	\$172.00	\$40.80	\$0	Enhanced	Generics	•
Providence	Humana Insurance Company	Humana Gold Choice PFFS H1804-265 (H1804-265)	PFFS	\$89.00	\$13.10	\$265	Basic		
Providence	Humana Insurance Company	Humana Gold Choice PFFS H1804-263 (H1804-263)	PFFS	\$99.00	\$23.60	\$0	Enhanced		•
Providence	Humana Insurance Company	Humana Gold Choice PFFS H1804-264 (H1804-264)	PFFS	\$129.00	\$23.60	\$0	Enhanced		•
Providence	SecureHorizons	MedicareComplete Choice (H5527-001)	Local PPO	\$27.00	\$0.00	\$0	Enhanced		•
Providence	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Providence	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Providence	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Providence	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Providence	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Providence	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Providence	UnitedHealthcare of New England, Inc.	AARP Medicare Complete (H4102-025)	Local HMO *	\$0.00					
Providence	UnitedHealthcare of New England, Inc.	AARP Medicare Complete Rx (H4102-001)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Washington	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Washington	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Washington	Blue Cross & Blue Shield Of Rhode Island	BlueCHIP for Medicare Standard (H4152-004)	Local HMO *	\$0.00					
Washington	Blue Cross & Blue Shield Of Rhode Island	BlueCHIP for Medicare Standard with Drugs (H4152-013)	Local HMO	\$14.90	\$14.90	\$0	Basic		•
Washington	Blue Cross & Blue Shield Of Rhode Island	BlueCHIP for Medicare Plus (H4152-005)	Local HMO	\$89.00	\$22.20	\$0	Enhanced		•
Washington	Blue Cross & Blue Shield Of Rhode Island	BlueCHIP for Medicare Preferred (H4152-007)	Local HMO	\$172.00	\$40.80	\$0	Enhanced	Generics	•
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-265 (H1804-265)	PFFS	\$89.00	\$13.10	\$265	Basic		
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-263 (H1804-263)	PFFS	\$99.00	\$23.60	\$0	Enhanced		•
Washington	Humana Insurance Company	Humana Gold Choice PFFS H1804-264 (H1804-264)	PFFS	\$129.00	\$23.60	\$0	Enhanced		•
Washington	SecureHorizons	MedicareComplete Choice (H5527-001)	Local PPO	\$27.00	\$0.00	\$0	Enhanced		•
Washington	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
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Washington	UnitedHealthcare of New England, Inc.	AARP Medicare Complete (H4102-025)	Local HMO *	\$0.00					
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